

CHAPTER 3:

STRATEGIES FOR PUBLIC HEALTH:

HOW ARE WE GOING TO DO IT?

Public Health serves as the primary catalyst, monitor, and, for selected problems and populations, direct service provider in order to assure that King County's residents and communities remain healthy.

Direct services provided by Public Health include:

- health services to individuals and families;
- community-wide health promotion and health education efforts;
- control of diseases;
- regulatory activities to protect the public;
- data collection/analysis and community-level planning.

Public Health also works in concert with multiple community and health institutional partners which are playing increasingly important roles in promoting healthy behavior, providing individual treatment, collaborating on program initiatives, and developing community linkages.

Public Health's key community partners include hospitals, health plans, community clinics, private practice physicians and dentists, County and City departments, and private nonprofit organizations. The King County Health Action Plan, Dental Safety Net Task Force, Partners for a Healthy

Community, and King County Asthma Coalition are just a few of the ongoing collaborations which will continue to shape and improve the health of King County residents.

The organizational and functional relationships between Public Health's Divisions, Regions, and Health Centers (see Appendix I) are flexible by design. This stimulates and incents the different parts of Public Health - Seattle & King County to work together to address and solve health problems in our communities. All parts of Public Health must work together while guided by the core public health functions and Ten Essential Public Health Services (Table I in Chapter I) and Public Health's Guiding Principles (Appendix B), if we are successfully to facilitate and maintain excellent health for the residents of King County.

Planning, funding, implementing, and evaluating effective public health programs not only involves multiple parts of Public Health, but also services and activities provided by other community-based organizations. In 1999,

31% of Public Health's budget has been allocated for the provision of contracted services through community providers and partners. These contracts allow the community to be directly involved in provision of services that are tailored to addressing differing health needs of people in different communities of King County.

During the last four years, Public Health has instituted changes that set the stage for successfully

The next five years will require even higher levels of collaboration between Public Health, private health care systems, and communities.

addressing the anticipated public health challenges for the next five years. These changes involve service delivery to the public (e.g., primary care reorganization in South County) as well as improved management systems (e.g., strengthened and consolidated financial management systems).

Additionally, Public Health has implemented measures to monitor performance and assess results. These strategies for accountability include: 1) Public Health Performance Measures (Appendix E) which were developed as part of a King County governmental process; 2) the City of Seattle's Performance Expectations for Public Health - Seattle & King County (Appendix F); and Public Health's internal Accountabilities document for 1999 (Appendix G).

Finally, it is important to note that Public Health programs are accountable to each of our many

external funding sources (i.e., private grantors, state and federal agencies). Each requires accountability to standards in order to assure that the funding provided to Public Health - Seattle & King County is used for designated purposes and that the services and interventions used are effective. As are other agencies that receive such funding, Public Health is subject to site visits, audits, and regular reporting of progress.

During the first quarter of 1999, Public Health's Leadership Group (senior Public Health managers) developed performance principles that will be used during the next five years to guide decision-making. These principles will help guide Public Health's strategic directions for the next five years and are organized into two categories: Improved Public Health Practice and Improved Business Practice. the complete list of Guiding Principles is listed below.

Guiding Principles For Improved Public Health Practice

- **Eliminate inequalities in health associated with socioeconomic status, race/ethnicity, gender and sexual orientation.** Public Health's priority is to promote health and prevent disease among populations who experience economic marginalization and/or discrimination.
- **Science and data-informed practice.** Use data to make program, policy and budget decisions and prioritize activities; strengthen our research-based capacity.
- **Accountability in Public Health Practice.** Practice evidence-based public health driven by outcomes. Maintain and monitor an active and changing list of public health practice outcomes. Track issues via a newly established public health practitioners group.
- **Strengthen Community Partnerships.** Power and decision-making is shared with the community in defining priorities for public health policies and for planning, implementing, and evaluating health improvements.

Guiding Principles for Improved Business Practice

- **Integrate departmental and cross-departmental programs and services to leverage resources and achieve efficiencies.** Continuously examine cross-departmental, divisional, and regional opportunities to share information, resources and people.
- **Increase organizational clarity. Clearly define roles and responsibilities at all levels of the department.** Ensure employees understand their contribution to the accomplishment of the Public Health mission.
- **Streamline business approaches and processes using technology.** With impetus from implementation of a new management information system and a focus on business planning, improve and standardize business policy and practices.
- **Diminish bureaucracy.** Challenge traditional ways of doing business. Consistently examine process and product with the intent to increase efficiency, effectiveness and innovation.
- **Accountability in business operations.** Formally identify annual departmental outcomes and measures necessary to accomplish the department's mission. Monitor monthly and amend as needed. Pay rigorous attention to revenue forecasting and budget management. (King County Performance Measures - Appendix E; City of Seattle GARMs - Appendix F; and Program Outcomes for 1999/Accountabilities - Appendix G.)
- **Diversity: departmental support for an environment that promotes employee development and values the diversity of their skills, expertise, experience, opinions and beliefs.** Consistently follow the department's standards of conduct statement: continually and actively implement policies and programs to support diversity and employee training and development.
- **Increase and improve communications to employees as well as external customers regarding the Public Health's role/responsibilities and Public Health programs, activities, issues, and challenges.** Identify opportunities and strategies for effective communication. Update a plan for Public Health communication, and implement it.

CATEGORIES OF PUBLIC HEALTH SERVICES

In this section, Public Health service areas have been organized into five major categories:

- Population Health Services;
- Emergency Medical Services (EMS);
- Targeted Community Health Services;
- Primary Care Assurance/Clinical Health Services; and,
- Management and Business Practice.

The service/outcome matrix in Appendix D describes the programs in each of these major categories. The descriptions include how the sub-components are financed, what population is served, outcome measures (if available), and why the Department provides the service. Additional information outlining the 1999 adopted budget by public health strategic planning category is available in Appendix H.

The relationships between three major program categories: Population Health Services (EMS is included here), Targeted Community Health Services, and Primary Care Assurance/Clinical Health Services, are very important. Each category complements the other. All are essential to public health practice and have been the focus of continual planning and refinement by Public Health - Seattle & King County.

Many health issues are best addressed through a population health approach. For example, food inspections at restaurants protect the total population's health through one program. Anti-tobacco education campaigns reduce smoking rates and improve community health. Facilitation and promotion of youth mentoring programs improve academic success and promote lifelong practice of healthy behaviors. The population health approach often involves primary prevention efforts that address the determinants of health (Appendix C), intervening *before* illness, injury, or death occur.

Some health issues affect specific populations and warrant *targeted* community health services and interventions. These targeted activities, usually to populations with poorer health status or exceptional risks, ultimately improve and protect the health of the entire population. Target populations and their health needs are identified through community health assessment and other health status data compiled and used by public

health practitioners. These data inform Public Health which populations need targeted community health services.

For example, Women, Infant and Children (WIC) services are targeted prevention activities that are designed to improve the health of low-income women and their children by providing adequate nutrition and teaching good eating habits that can be used for a lifetime. Culturally appropriate outreach programs that increase breast and cervical cancer screening for specific populations such as lesbians or Vietnamese women are also examples of targeted approaches to public health.

Finally, analysis of epidemiologic data and trends as well as the changing King County health care system indicates that Public Health's role in Primary Care Assurance/Clinical Health Services is critical in assuring that vulnerable, at-risk populations have access to high quality and prevention-oriented health care. Public Health serves as an important piece of King County's Safety Net of health care providers. This Safety Net system is already stretched, stressed, and unable to meet current need.

An increasing number among King County's population is uninsured and/or does not have the resources to provide sick or well care for their families. All of these families experience barriers to care such as low income, language, or concerns with their immigration status. Public Health, along with the other safety net providers, maintains a network of direct clinical health services for these people.

Each of the five categories of our services and programs is described below. This is anticipated to be the desired configuration of Public Health activities for the next five years given our best projection of needs and available resources.

POPULATION HEALTH SERVICES

Definition: Services that protect and promote the health of every resident of King County. This category includes strategies and programs that prevent or address/reduce epidemics, protect the environment, prevent injury, and promote healthy people and communities. Public health assessment and data reports identify health trends and needed actions to improve the health of King County residents. See Appendix D for a detailed listing of all Public Health services in this category.

Public Health is the only community resource for health data.

King County health data to doctors, hospitals, and community based organizations, and the primary mover to develop policies and procedures.

Who Served: The entire population of King County.

How Financed: Multiple sources including client-generated revenue (e.g., food/meat inspection), grants (e.g., chronic disease prevention), Motor Vehicle Excise Tax, King County Current Expense, Seattle General Fund, and state and federal dollars.

Why Provided: Many services in this category are mandated by statute, such as food protection, meat inspection, tobacco control, and communicable disease surveillance and control. Public Health is the **only** community resource for health data, the only organization providing local

TOTAL POPULATION HEALTH SERVICES BUDGET: \$36,137,173

PERCENT OF TOTAL BUDGET: 18.95%

For a detailed breakdown of Public Health projects by strategic planning category, see Appendix H.

EMERGENCY MEDICAL SERVICES (EMS)

Definition: A population health service that provides basic and advanced life support response by fire departments and paramedic providers, as well as regional support and quality assurance services. EMS is discussed separately from the Department's other population health services due to its unique levy funding and hospital service linkages. In addition, EMS services are connected and integrated into many other public health programs. For example, EMS is leading a new program effort that will create telephone information and triage centers in selected local fire departments, so less critical 911 calls can be referred to appropriate health care providers.

EMS services are connected and integrated into many other public health programs.

response are essential to maintain public health and safety in conjunction with police and fire departments. In addition, State law and King County code and ordinance mandate EMS services.

Who Served: The entire population of King County.

How Financed: Local city and fire district taxes and contributions, EMS property tax levy (through 2001), Seattle General Fund, and King County Current Expense Fund.

TOTAL EMS BUDGET: \$41,664,983

Why Provided: Basic and advanced life support

PERCENT OF TOTAL BUDGET: 21.85%

TARGETED COMMUNITY HEALTH SERVICES

Definition: Services provided to specific populations in the community based on assessment of health need. Targeted populations include low-income women, families with little support, injection drug users and at-risk minority populations, to name a few. The focus of these services is to improve health for specific target groups and eliminate inequities in health status. See Appendix D for a detailed listing of all Public Health services in this category.

Target populations are identified through the assessment of data and the urgency of the health issue.

Health Care Needs Program identifies children with medical or developmental disabilities, links them to medical resources and provides support to families to decrease the likelihood of out of home placement.

Who Served: Target populations are identified

through the assessment of data and the urgency of the health issue and critical need for intervention. See matrix in Appendix D.

Why Provided: To improve the health status of specific populations. The populations selected are as varied as the health issue being addressed. For example, the Women, Infant and Children Program (WIC) is designed to improve the nutritional status of low-income women and their children. Services targeting injection drug users (including the Needle Exchange Program, and the Hepatitis C Research Project) are designed to prevent the spread of blood borne diseases. Family planning programs are provided to decrease the rate of unintended pregnancy so that each child is wanted and is born as healthy as possible. The Children with Special

How Financed: Programs are supported by fees, state and federal grants, contracts, and local taxes. Individual programs may have all or only one of these funding sources.

TOTAL TARGETED COMMUNITY HEALTH SERVICES: \$50,517,477

PERCENT OF TOTAL BUDGET: 26.50%

For a detailed breakdown of Public Health projects and budget by strategic planning category, see Appendix H.

PRIMARY CARE ASSURANCE/CLINICAL HEALTH SERVICES

Definition: Services which individual community members seek in a health setting; typically a clinic, but also in specialized settings such as a corrections facility, drug/alcohol rehabilitation facility, or homeless shelter. Specific services include medical and dental care, counseling, outreach, and referral. Public Health, Harborview

Provision of primary medical and dental care ensures early identification of medical conditions and prevents high costs of care.

including low income, immigrant, minority, non-English speaking, and uninsured persons. Public Health providers focus on services to children and high-risk adults. See Appendix D for a detailed listing of all Public Health services in this category.

Why Provided: To assure access to primary health

Medical Center, Pacific Medical Center clinics and community health centers are key organizations that serve the most vulnerable populations

care services for vulnerable and high risk populations and to provide access to clinical health services for special populations such as

adolescents, incarcerated people, and low-income people. Primary Care services provide on-going assessment of personal health status including routine assessment of pediatric growth and development, monitoring health status and identifying child abuse and neglect. Provision of these services ensures early identification of medical conditions and prevents high costs of care. It also assures health services to those populations with disproportionate rates of morbidity and mortality.

Who Served: Vulnerable populations including; low income, the uninsured, refugees and immigrants, non-English speaking populations,

adolescents, homeless persons, and incarcerated individuals.

How Financed: Medicaid, other Federal and State funds, grants, contracts and local tax contribution.

TOTAL PRIMARY CARE ASSURANCE/
CLINICAL HEALTH SERVICES BUDGET:
\$60,582,717

PERCENT OF TOTAL BUDGET: 31.78%

For a detailed breakdown of Public Health projects and budget by strategic planning category, see Appendix H.

MANAGEMENT AND BUSINESS PRACTICE

Definition: Financial management, personnel services, management information systems, and management practice guidelines that provide direction and support to the operational programs of Public Health. Specific services include grants management, billing third party payers, accounts payable, developing and maintaining computer operations providing needed management information, maintaining personnel and payroll systems.

Why Provided: Management's responsibility is to ensure timely collection and accountability for grant and patient generated revenue. Management ensures all employees receive support and assistance necessary in order to provide a high level of service to our customers including the residents of King County. Good business practice maintains data systems which support billing activities and manage and control costs. Also, management's role is to provide information about services provided to our customers/patients, help us evaluate the effectiveness of our programs and services, and support our core function activities of assessment, policy development and assurance.

Who Served: Employees of Public Health are directly served. All residents of King County benefit from quality, cost effective management and business practices of Public Health - Seattle & King County.

How Financed: A proportionate share of all Public Health revenue supports our management and business practices. Currently, management and business practices comprise 0.92% of the Public Health budget (excluding general King County overhead).

TOTAL MANAGEMENT AND BUSINESS
PRACTICE BUDGET: \$1,749,150

PERCENT OF TOTAL BUDGET: 0.92%
(excluding King County General Government
Overhead*)

* Departmental Administrative Percentage (which excludes King County General Government overhead charges) reflected within program categories is: 3.48%. Total Departmental Administrative Percentage/Indirect rate: 4.4%. See Appendix H for detail.

THE HEALTH SYSTEM AND ITS EFFECT ON KING COUNTY

This section describes some of the major health system trends that have influenced the financing and provision of local public health programs and services. The major focus of this section concerns the evolution of managed care and its effect on public health, other “safety net” providers, and vulnerable populations.

Evolution of Managed Care

Managed care is a reimbursement mechanism for health care that has had an increasing effect on health care service delivery over the last two decades. It is an effort to control skyrocketing health care costs. In contrast to indemnity (fee-for-service) insurance, managed care attempts to control costs by providing enrollees with a benefit package of services through a panel of providers. Using providers outside this panel usually incurs increased costs - which are the responsibility of the enrollee.

The key elements present in any managed care system are:

- Linking financing and delivery of health services to financial risk for the provider;
- Offering health services prescribed by the benefit package to a defined population for a fixed, prepaid premium;
- Managing enrollees’ health care and serving as the gatekeeper for use of specialty and diagnostic services, requiring that referrals to specialists be pre-approved by the primary care provider;
- Utilizing rules or financial incentives to encourage enrollees to use health care providers affiliated with their managed care organizations; and,

- Controlling costs further by using financing mechanisms (e.g., “set aside dollars”) that are not paid out until the end of the year and that reward primary care providers who have low utilization rates for services such as specialty care.

Nationally, managed care organizations have grown to enrollments of over 50 million people. Within the next decade, 80 - 90% of the insured population will receive its health care through various forms of managed care. Concurrently, consumers are demanding more clarity, quality, and choice of health services and providers.

Federal and state regulations have been enacted in response to these demands (e.g., mandating post-birth length of stay). The effects of these measures on premiums, deductibles, and co-pays are as yet unclear.

Despite efforts by managed care organizations to control costs, the cost of health insurance is quickly moving beyond the reach of many employers, particularly small employers. Further reductions in benefits and/or increases in co-pays and deductibles are unfortunately becoming the norm for employer-provided health insurance. In King County, the increase in the uninsured population is largely among the employed, many of whom are simply gambling that they will not have a catastrophic illness or injury.

Navigating the complex world of managed care can be difficult for even the most knowledgeable person. Imagine the challenges and difficulties faced by a non-English speaking refugee, someone with poor reading skills, someone without access to transportation, someone who is homeless and without a phone, or someone with drug dependency or mental illness. Imagine the difficulties for someone with all of those issues.

To address these and other barriers, Public Health - Seattle & King County provides services to many people who are not easily or well-served by traditional managed care plans as well as to those who simply do not have health insurance. This includes many individuals at high-risk for health problems that managed care plans cannot serve or do not want to serve.

Public Health delivers a broad array of services to assure that some vulnerable and high-risk people receive care.

These “wrap around” and access services include translation and interpretation, outreach, homeless health care, and interagency coordination. In addition, eligibility specialists at Public Health Centers throughout King County assist clients with enrollment in Medicaid and the State’s Basic Health Plan.

Safety Net Viability

Formally, Safety Net providers are only those required by law to provide health care without charge or at reduced rates to those who cannot afford to pay. In practice, the safety net is much broader and includes an array of social and health providers whose mission is to provide the spectrum of care needed by high risk populations (e.g., homeless persons, individuals with HIV/AIDS).

Public Health is a participant with other Safety Net providers in the only managed care plan whose primary mission is to care for

the underserved: the Community Health Plan of Washington. Safety Net services include mental health counseling, access services, and family planning services, among others. Currently, Public Health, community clinics, Harborview Medical Center, and selected private providers such as Pacific Medical clinics and Providence Hospital, are

Public Health is providing services to many people who are not well-served by traditional managed care plans or who do not have health insurance.

major providers of these services to high-risk populations.

Unfortunately, the Safety Net is fraying. Despite the recent economic prosperity of the region, more and more people are without health care coverage. As a result, Safety Net providers are serving more and more people, stretching already limited resources. In fact, the demand for services already exceeds the capacity of the Safety Net.

Further, the principal resources that support safety net providers are in danger of diminishing or disappearing. Local funding is being leveraged maximally. Medicare cuts are real and severe, and cuts in Medicaid could dramatically reduce budgets for safety net providers in the next five years.

Implications for Public Health

Public Health provides a high level of uncompensated service to non-English speaking, ethnic minority, uninsured families, and uninsured individuals. The demand trend for our direct services is anticipated to continue to increase during the next five years (see Chapter 4).

Lack of access to health services means that people receive health care in the later stages of illness or not at all. Because the uninsured cannot afford preventive services or early treatment of illness, Public Health and other Safety Net providers must stretch their

limited resources to provide care (that is often more expensive) to patients who present later in the course of their illness. One longterm strategy for Public Health and its partners to address this problem will be to increase primary prevention efforts, particularly in the areas of healthy eating and increased physical activity.

The safety net is fraying ... the demand for services already exceeds the capacity of the safety net.

Public Health (like all Safety Net providers) must maintain a diverse payer mix of clients in order to survive and leverage the resources needed to cover the uninsured and underinsured. Because Public Health provides so much uncompensated care (up to 80% at some sites), it is imperative that a steady base of insured patients is maintained.

This necessitates competition with other providers for insured patients, especially those with Medicaid (Healthy Options). Public Health must consequently have an intact and sustained system, which supports high quality, efficient and cost-effective care in order to remain a viable service provider.
